Crosswalk Management System

Report REPORT CROSSWALK TO STATE

Filename acrobat distiller

Run by OPS\$PCUMMING

Report Date 03-FEB-05 02:56

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Office of Applied Studie

Status: FN Substance Abuse and Mental Health Services Administration

Media ID: PH-3469, PH-3472

Start Date: 01-JUN-97

End Date: Follow-up:

Treatment Episode Data Set for Tennessee

Version: 1

K = Key	y Field	System	<u>Tenness</u>
Item No. T	reatment Episode Data Set	Item	Value State System Data
1	System Transaction Type	-	Tranaction Type Added to Each Record
	A Add		A Add
	C Change		C Change
	D Delete		D Delete
К 2	State Code	TN	FIPS Coded Added to Each Record
3	Reporting Date	-	Month and Year of Submission Added to Each Record

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K = K	Cey F	ield		Minimum		<u>Tennessee</u>
Item No.	Trea	atmei	nt Episode Data Set	Item	Value	e State System Data
K 1		Prov	vider Identifer	-	Provid	der ID
K 2		Clie	nt Identifer (Admission)	-	Client	t ID
К 3		Co-l	Dependent/Collateral	-	Coder	pendent/Collateral Data Not Collected
K 4		Clie	nt Transaction Type	01	Admis	ssion or Action
		A	Initial Admission		A	- All clients categorized as initail admission. At this time
		T	Transfer/Change in Service		A	- All clients categorized as initail admission. At this time
K 5		Date	e of Admission	11	Date o	of Admission
6		Nun	nber of Prior Treatment Epis	odes -	Numb	per Of Treatments
		0	0		0	0
		1	1		1	1
		2	2		2	2
		3	3		3	3
		4	4		4	4
		5	Or More		5-999	5-999
		7	Unknown		N/A	Not Applicable
		8	Not Collected		N/A	Not Applicable

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K = Key Field Item		Minimum Item			<u>Tenne.</u>
lo.	Treatmen	t Episode Data Set		Value	e State System Data
7	Prin	cipal Source of Referral	29	Princi	pal Source of Referral
	01	Individual (includes self-referral))		01	Self
	01	Individual (includes self-referral))		02	Family or Friend
	06	Other Community Referral		03	Clergy
	05	Employer/EAP		04	EAP Employer
	04	School (Educational)		05	School System or Education Agency
	06	Other Community Referral		06	Shelter for Homeless/Abused
	03	Other Health Care Provider		07	Public Health/Welfare Agency
	06	Other Community Referral		08	Division of Vocational Rehabilitation
	07	Court/Criminal Justice/DUI/DWI		09	Police (excluding court or corr. agency)
	07	Court/Criminal Justice/DUI/DWI		10	Court or Correctional Agency
	03	Other Health Care Provider		11	Private Psychiatrist
	03	Other Health Care Provider		12	OP Pyschriatic Service or Clinic
	03	Other Health Care Provider		13	Other Provate Physician/Treatment Organization
	03	Other Health Care Provider		14	Private Psychologist or Psychological Examiner
	03	Other Health Care Provider		15	Other Private Mental Health Care Professional
	02	Alcohol/Drug Abuse Provider		16	Other Private Substance Abuse Professional
	03	Other Health Care Provider		17	Multi-Service Mental Health Agency
	02	Alcohol/Drug Abuse Provider		18	Community Residential Organization
	02	Alcohol/Drug Abuse Provider		19	Partial Day Otganization
	02	Alcohol/Drug Abuse Provider		20	Psycho-Social Rehabilitation Organization
	03	Other Health Care Provider		21	Case Management Agency
	06	Other Community Referral		22	Voluntary Agency
	03	Other Health Care Provider		23	Nursing Home
	03	Other Health Care Provider		24	State Regional Mental Health Institute (RMHI)
	03	Other Health Care Provider		25	General Hospital Inpatient Psychiatric Unit
	03	Other Health Care Provider		26	General Hospital Other Unit
	03	Other Health Care Provider		27	Other Psychiatric Facility
	03	Other Health Care Provider		28	Residential Retardation Facility

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K = Key Field Item		Minimum Item			<u>Tenne</u>
No.	Treatme	nt Episode Data Set	Item	Value	e State System Data
7	Prin	ncipal Source of Referral	29	Princi	ipal Source of Referral
	03	Other Health Care Provider		29	Other Retardation Facility
	02	Alcohol/Drug Abuse Provider		30	Specialized Residential A&D Facility
	02	Alcohol/Drug Abuse Provider		31	A&D Non-Residential Treatment Organization
	03	Other Health Care Provider		32	VA (Admin., Hospital, etc.)
	02	Alcohol/Drug Abuse Provider		35	Prior Level of A&D Service Program
	97	Unknown		99	Other (with specify)
	98	Not Collected		N/A	Not Applicable
8	Date	e of Birth	08	Date o	of Birth
9	Sex		07	Sex	
	2	Female		F	Female
	1	Male		M	Male
	7	Unknown		N/A	Not Applicable
	8	Not Collected		N/A	Not Applicable
10) Rac	e	23	Race	
	97	Unknown		0	Unknown
	05	White		1	White
	04	Black or African American		2	Black
	02	American Indian (Other than Alaskan Native)		3	American Indian
	01	Alaska Native (Aleut, Eskimo, Indian)		4	Alaskan Native
	03	Asian or Pacific Islander		5	Asian or Pacific Islander
	20	Other		6	Other
	98	Not Collected		N/A	Not Applicable
	13	Asian			
	23	Native Hawaiians or Other Pacific Islanders			

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Treatment Episode Data Set for Tennessee

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Version	•	
v CI SIUII		- 1

K = K Item	Key Fie	ld		Minimum Item				<u>Tennessee</u>
No.	No. Treatment Episod	t Episode Data Set		Valu	ie S	State System Data		
1	1 E	thn	icity	20	Hispa	anic		
	9	7	Unknown		0	Unknov	wn	
	0	5	Not of Hispanic Origin		6	Other		
	0	2	Mexican		A	Mexica	n	
	0	1	Puerto Rican		В	Puerto	Rican	
	0	3	Cuban		C	Cuban		
	0	4	Other Specific Hispanic		D	Central	American	
	0	4	Other Specific Hispanic		E	South A	American	
	0	4	Other Specific Hispanic		F	Other S	Spanish	
	0	2	Mexican		G	White I	Mexican	
	0	1	Puerto Rican		Н	White I	Puerto Rican	
	0	3	Cuban		I	White 0	Cuban	
	0	4	Other Specific Hispanic		J	White 0	Central American	
	0	4	Other Specific Hispanic		K	White S	South American	
	0	4	Other Specific Hispanic		L	White 0	Other Spanish	
	0	2	Mexican		M	Black N	Mexican	
	0	1	Puerto Rican		N	Black F	Puerto Rican	
	9	8	Not Collected		N/A	Not Ap	plicable	
	0	3	Cuban		O	Black (Cuban	
	0	4	Other Specific Hispanic		P	Black (Central American	
	0	4	Other Specific Hispanic		Q	Black S	South American	
	0	4	Other Specific Hispanic		R	Black (Other Spanish	

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Treatment Episode Data Set for Tennessee Version: 1

	K = Key Field Mi lltem		num			<u>Tennessee</u>
No.	Treatmen	atment Episode Data Set			e State System Data	
12	2 Edu	cation	26	Educa	ntion Program	
	00	Less Than One Grade Completed		00	Less than one grade completed	
	01- 25	Years of School(Highest Grade) (General Equivalency Degree, use 12)		01	Grade 1	
	01- 25	Years of School(Highest Grade) (General Equivalency Degree, use 12)		02	Grade 2	
	01- 25	Years of School(Highest Grade) (General Equivalency Degree, use 12)		03	Grade 3	
	01- 25	Years of School(Highest Grade) (General Equivalency Degree, use 12)		04	Grade 4	
	01- 25	Years of School(Highest Grade) (General Equivalency Degree, use 12)		05	Grade 5	
	01- 25	Years of School(Highest Grade) (General Equivalency Degree, use 12)		06	Grade 6	
	01- 25	Years of School(Highest Grade) (General Equivalency Degree, use 12)		07	Grade 7	
	01- 25	Years of School(Highest Grade) (General Equivalency Degree, use 12)		08	Grade 8	
	01- 25	Years of School(Highest Grade) (General Equivalency Degree, use 12)		09	Grade 9	
	01- 25	Years of School(Highest Grade) (General Equivalency Degree, use 12)		10	Grade 10	
	01- 25	Years of School(Highest Grade) (General Equivalency Degree, use 12)		11	Grade 11	
	01- 25	Years of School(Highest Grade) (General Equivalency Degree, use 12)		12	Grade 12/High School Diploma Equivalency Degree	/Gereral
	01- 25	Years of School(Highest Grade) (General Equivalency Degree, use 12)		13	Some College or Technical train degree	ning, no
	01-	Years of School(Highest Grade) (14	Two Year College/Associates I	Degree

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K = Ko	ey Field	Minimum			<u>Tennessee</u>
	Treatmen	nt Episode Data Set	Item	Valu	e State System Data
12	Edu	cation	26	Educa	ation Program
	01- 25	Years of School(Highest Grade) (General Equivalency Degree, use 12)		15	Four Year College Degree
	01- 25	Years of School(Highest Grade) (General Equivalency Degree, use 12)		16	Graduate Work, No degree
	01- 25	Years of School(Highest Grade) (General Equivalency Degree, use 12)		17	Graduate, Professional Degree(s) or more
	97	Unknown		30	Unknown
13	3 Employment Status		05	Empl	oyment Status
	01	Full Time		A	Full Time
	02	Part Time		В	Part-Time
	01	Full Time		C	Armed Forces
	03	Unemployed		D	Seeking Employment
	03	Unemployed		E	On Layoff
	04	Not in Labor Force		F	Homemaker
	04	Not in Labor Force		G	Student
	04	Not in Labor Force		Н	Retired
	04	Not in Labor Force		I	Resident of Institution
	04	Not in Labor Force		J	Unable to Work - due Dev, MH or A&d Disorder
	04	Not in Labor Force		K	Unable to Work - due other Disorder or Disability Other
	04	Not in Labor Force		L	Other
	98	Not Collected		N/A	Not Applicable
	97	Unknown		Z	Unknown

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K = Key Item No. To			nimum Item	3 7.1	<u>Tennessee</u>
14	Sub	nt Episode Data Set stance Problem Codes (Primary, Secondary-14B, Tertiart-14C)	y		g Patterns at Admission, Primary, ndary and Tertiary
		•			·
	01	None		00	None
	05	Heroin		01	Heroin
	06	Non-Prescription Methadone		02	Non-Rx Methadone
	07	Other Opiates and Synthetics		03	Other Opiates and Synthetics
	02	Alcohol		04	Alcohol
	15	Barbiturates		05	Barbiturates
	16	Other Sedatives or Hypnotics		06	Other Sedatives or Hypnotics
	11	Other Amphetamines		07	Amphetamines
	03	Cocaine, Crack		08	Cocaine
	04	Marijuana, Hashish (includes THC and other Cannabi Sativa preperations)	is	09	Marijuana
	09	Other Hallucinogens		10	Hallucingens
	17	Inhalants		11	Inhalants
	18	Over-the-Counter		12	Over the Counter
	14	Other Tranquilizers		13	Tranquilers
	20	Other		14	Other Drug Not Otherwise Specified
	97	Unknown		15	Drug Unknown
	10	Methamphetamine		16	Methamphetamine
	13	Benzodiazepine		17	Benodiazeprines
	12	Other Stimulants		18	Other Stimualants
	08	PCP		21	PCP
	97	Unknown		N/A	Not Applicable
	98	Not Collected		N/A	Not Applicable
	20	Not Concelled		11/11	Not Applicable

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K = Key Field Item No. Treatmen		d Minimum Item nent Episode Data Set			e State System Data	<u>Tennessee</u>
15	Prir	al Route of Administration (mary-15A, Secondary-15B, tiar-15C)	10	Usual	Route of Administration	
	01	Oral		01	Oral	
	02	Smoking		02	Smoking	
	03	Inhalation		03	Inhalation	
	04	Injection (IV or intramuscular)		04	Injection	
	20	Other		05	Other	
	97	Unknown		06	Unknown	
	96	Not Applicable		Blank	Not Applicable	
16		quency of Use (Primary-16A, ondary-16B, Tertiary-16C)	09	Frequ	ency of Use	
	01	No past month use		0	No Past Month Use	
	02	1-3 times in past month		1	Less Than Once a Week	
	03	1-2 times per week		2	1-2 Times per Week	
	04	3-6 times per week		3	Several Times Per Week	
	05	Daily		4	Daily	
	97	Unknown		5	Unknown	
	96	Not Applicable		Blank	Not Applicable	
17		of First Use (Primary-17A, ondary-17B, Tertiary-17C)	11	Age of	f First Use or Alcohol Intoxicat	ion
	00	Indicates a Newborn with a substance dependecy problem		000	Newborn	
	00- 95	Indicates The Age at First Use		001- 096	Range of Age	
	97	Unknown		097- 999	Unknown	
	96	Not Applicable		Blank	Not Applicable	

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Treatment Episode Data Set for Tennessee Version: 1

K = Key Item	Field	Minim	um Item		<u>Tennessee</u>
No. Ti	reatmei	nt Episode Data Set		Valu	e State System Data
K 18	Тур	e of Services	13	Type	of Services
	06	Intensive Outpatient		ADT	Adolscent Day Treatment
	07	Non-Intensive Outpatient		AOP	Adolscent Outpatient
	05	Long-term, (more than 30 days)		ARR	Adolscent Residential Rehabilitation
	06	Intensive Outpatient		DT	Adult Day Treatment
	06	Intensive Outpatient		FIR	Family Intervention & Referral
	05	Long-term, (more than 30 days)		НН	Halfway House
	06	Intensive Outpatient		IOP	Intensive OutPatient
	02	Free-standing Residential (Detox, 24 hour Service)		MD	Medical Detoxification
	01	Hospital Inpatient (Detox, 24 hour Service)		MM	Medically Managed Detox (Level III.7-D)
	03	Hospital (other than detox)		N/A	Not Applicable
	07	Non-Intensive Outpatient		OO	Opiod Outpatient
	07	Non-Intensive Outpatient		OP	Adult Outpatient
	06	Intensive Outpatient		PH	Adult Partial Hospitalization
	06	Intensive Outpatient		PIO	Pregnant Intensive OutPatient
	05	Long-term, (more than 30 days)		PRR	Pregnant Residential Rehabilitation
	04	Short-term, (30 days or fewer)		RR	Residential Rehabilitation (Short Term)
	04	Short-term, (30 days or fewer)		RR3	Residential Rehabilitation (ASAM Level III.3)
	04	Short-term, (30 days or fewer)		RR5	Residential Rehabilitation (ASAM Level III.5)
	04	Short-term, (30 days or fewer)		RR7	Residential Rehabilitation (ASAM Level III.7)
	02	Free-standing Residential (Detox, 24 hour Service)		SD	Social Setting Detoxification

06

Intensive Outpatient

WIO Women's Intensive OutPatient

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K = Ke	ey Fie	ld		Minimum			<u>Tennessee</u>
Item				Item			
No.	Treati	men	t Episode Data Set		Value	e State System Data	
19	(1	Plan	id Replacement Therapy med or Actual)WasUse of adone Planned/Actual	14	Use of Treati	f Methadone Planned as Part o ment	f
	2		No		0	None	
	1		Yes		1	Methadone	
	1		Yes		2	LAAM	
	7		Unknown		N/A	Not Applicable	
	8		Not Collected		N/A	Not Applicable	

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K = Key Field		1	Optional				<u>Tennessee</u>
Item No.	Treatm	ent Episode Data Set	Item	Valu	.e	State System Data	
1	De	tail Drug Code, Primary	-	Not C	Collec	ted	
2	De	tail Drug Code, Secondary	-	Not C	Collec	ted	
3	De	tail Drug Code, Tertiary	-	Not C	Collec	ted	
4	DS	5M Diagnosis	34	Subst IV Ca		Abuse Diagnosis based on E	OSM
5		ychiatric Problem in Addition to	35			determined by system. Non enter 1 for yes - others 2 for	
	1	Yes		1	Yes		
	2	No		2	No		
	7	Unknown		N/A	Not	Applicable	
	8	Uncollected		N/A	Not	Applicable	
6	Pregnant at Time of Admission		-	Physi	cal H	ealth Conditions - Pregnant	t
	2	No		N	No		
	7	Unknown		N/A	Not	Applicable	
	8	Not Collected		N/A	Not	Applicable	
	1	Yes		Y	Yes		
7	Ve	teran Status	19	Veter	ans S	tatus	
	2	No		N	No		
	7	Unknown		N/A	Not	Applicable	
	8	Not Collected		N/A	Not	Applicable	
	1	Yes		Y	Yes		

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K = Key Field Item		Optional	<u>Tennes.</u>		
No.	Treatme	ent Episode Data Set	Item	Valu	ue State System Data
8	Liv	ing Arrangements	25	Туре	e of Resident
	01	Homeless		01	Street/Shelter or otherwise lacking permant residence
	03	Independent Living		02	Private Residence/ Household
	02	Dependent Living		03	Supported Housing (private residence with staff available)
	02	Dependent Living		04	Supervised Housing - RTF (residentail treatment facility)
	02	Dependent Living		05	Supervised Housing - SLF (supported living facility - heath/mental organization
	02	Dependent Living		06	Other Supervised Housing - SLF
	02	Dependent Living		07	Jail or Correctional Facility
	02	Dependent Living		08	Mental Health Institution
	02	Dependent Living		09	Nursing
	02	Dependent Living		10	Other Institution
	02	Dependent Living		11	Other
	97	Unknown		99	Unknown
	98	Not Collected		N/A	Not Applicable
10	0 He	alth Insurance	-Note		e collects Insurance Carrier at Service ounter Level
1		pected/Actual Primary Sour	rce of -note		e collects Payor Class at Service ounter Level

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K = Key Field tem		Optional Item			<u>Tenne</u>
lo.	Treatm	ent Episode Data Set		Valu	ie State System Data
12	De	tailed Not in Labor Force	16B	Detai	il Not In Labor Force
	96	Not Applicable		А-Е	In Labor Force codes
	01	Homemaker		F	Homemaker
	02	Student		G	Student
	03	Retired		Н	Retired
	05	Inmate of Institution (Prison Institution - keeps people out work force)		I	Inmate of Institution
	04	Disabled		J	Unable to work due to developmetal, MH, or A&D
	04	Disabled		K	Unable to work due to Other Disorder or Disability
	06	Other		L	Other
	97	Unknown		Z	Unknown
13	Detailed Criminal Justice Referral Categories		al -	Not (Collected
14	Marital Status		24	Mari	tal Status
	01	Never Married		01	Never Married
	02	Now Married or Cohabitating	5	02	Married
	02	Now Married or Cohabitating	Ţ,	03	Remarried
	03	Separated (legally or otherwise absent)	se	04	Separated
	04	Divorced		05	Divorced
	05	Widowed		06	Widowed
	97	Unknown		97	Unknown
	98	Not Collected		N/A	Not Applicable
15	Da	ys Waiting to Enter Treatmen	t -	Not (Collected

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K = Key Item No. T		nt Episode Data Set	Discharge Item	Valu	e State System Data	
104		vider ID (At Discharge)	-	Provider ID		
105	Clie	ent Identifer - (At Discharge)) -	Client	t ID	
106	Co-Dependent/Collateral At Discharge		-	Not Collected		
109	Ser	vice at Discharge	13	Туре	of Services	
	06	Intensive Outpatient		ADT	Adolscent Day Treatment	
	07	Outpatient		AOP	Adolscent Outpatient	
	05	Long-Term, >30 days		ARR	Adolscent Residential Rehabilitation	
	06	Intensive Outpatient		DT	Adult Day Treatment	
	06	Intensive Outpatient		FIR	Family Intervention & Referral	
	05	Long-Term, >30 days		НН	Halfway House	
	06	Intensive Outpatient		IOP	Intensive OutPatient	
	02	Free-Standing Residential		MD	Medical Detoxification	
	01	Hospital Inpatient		MM	Medically Managed Detox (Level III.7-D)	
	03	Hospital (Other than Detox)	N/A	Not Applicable	
	07	Outpatient		OO	Opiod Outpatient	
	07	Outpatient		OP	Adult Outpatient	
	06	Intensive Outpatient		PH	Adult Partial Hospitalization	
	06	Intensive Outpatient		PIO	Pregnant Intensive OutPatient	
	05	Long-Term, >30 days		PRR	Pregnant Residential Rehabilitation	
	04	Short-Term, <=30 days		RR	Residential Rehabilitation (Short Term)	
	04	Short-Term, <=30 days		RR3	Residential Rehabilitation (ASAM Level III.3)	
	04	Short-Term, <=30 days		RR5	Residential Rehabilitation (ASAM Level III.5)	
	04	Short-Term, <=30 days		RR7	Residential Rehabilitation (ASAM Level III.7)	
	06	Intensive Outpatient		WIO	Women's Intensive OutPatient	

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K = Key Field		Discharge			<u>Tennessee</u>
Item		Item			
No. Treatment Episode D	ata Set		Value	State System Data	
146 Date of Last Co	ntact	-	Date of la	st Service Encounter	
147 Date of Dischar	ge	-	Discharge	e Date	

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K = Key Field	Discharge

Key Field			Discharge Item		<u>Tennes</u>
. T	reatme	nt Episode Data Set		Valı	ue State System Data
149		son for Discharge , Transfer or continuance of Treatment	-	Discl	harge Reason
	07	Other		01	Moved or ill
	06	Death		02	Died
	07	Other		03	Other Reasons
	02	Left Against Professional Advice (Drop Out)		04	Escaped
	07	Other		05	Eloped
	03	Terminated by Facility		06	Facility Not Notified
	01	Treatment Complete		07	No Further Care Indicated (Treatment Completed)
	07	Other		08	Client Unresponsive
	07	Other		09	Care Indicated but Unavailable
	04	Transferred to Another Substance Abuse Treatment Program or Facility	e	10	Referral to Mental Hospital
	04	Transferred to Another Substance Abuse Treatment Program or Facility	e	11	Referral to nursing Home
	04	Transferred to Another Substance Abuse Treatment Program or Facility	:	12	Referral to Private Psychiatrist
	04	Transferred to Another Substance Abuse Treatment Program or Facility	;	13	Referral to Mental Health Center
	04	Transferred to Another Substance Abuse Treatment Program or Facility	;	14	Referral to Private Residential Center
	04	Transferred to Another Substance Abuse Treatment Program or Facility	;	15	Referral to other Private Physician
	04	Transferred to Another Substance Abuse Treatment Program or Facility	2	16	Referral to General Hospital Psych Unit
	04	Transferred to Another Substance Abuse Treatment Program or Facility	:	17	Referral to Partial Hospital/Day Treatment
	04	Transferred to Another Substance Abuse Treatment Program or Facility	2	18	Referral to School, specialized classes

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= Key Field m		Discharge Item			<u>Tennes</u>
. Ti	reatmer	nt Episode Data Set		Value	State System Data
149		son for Discharge , Transfer or ontinuance of Treatment	-	Discha	arge Reason
	04	Transferred to Another Substance Abuse Treatment Program or Facility		19	Referral to General Hospital, other Unit
	04	Transferred to Another Substance Abuse Treatment Program or Facility		20	Facility Discharged Client with Referral to Partial Hospital Night
	07	Other		21	Facility Discharged Client with Referral to Court or Correction Agency
	01	Treatment Complete		22	Facility Discharged Client with Referral to Va Hospital
	07	Other		23	Facility Discharged Client with Referral to Psychiatric Clinic
	01	Treatment Complete		24	Public Health or Welfare Agency
	01	Treatment Complete		25	Facility Discharged Client with Referral to Institution for Retarded
	04	Transferred to Another Substance Abuse Treatment Program or Facility		26	Facility Discharged Client with Referral to Day Training Center
	01	Treatment Complete		27	Facility Discharged Client with Referral to Voluntary Agency
	07	Other		28	Facility Discharged Client with Referral to Other Retardation Facility
	01	Treatment Complete		29	Facility Discharged Client with Referral to Sheltered Workshop
	01	Treatment Complete		30	Facility Discharged Client with Referral to Clergy
	04	Transferred to Another Substance Abuse Treatment Program or Facility		31	Facility Discharged Client with Referral to Hostel or Halfway House
	01	Treatment Complete		32	Facility Discharged Client with Referration Vocational Training
	01	Treatment Complete		33	Facility Discharged Client with Referra to Case Management Agency
	04	Transferred to Another Substance Abuse Treatment Program or Facility		34	Facility Discharged Client with Referra to Specialized A&D Facility
	04	Transferred to Another Substance Abuse Treatment Program or Facility		35	Facility Discharged Client with Referra to Next Level of Service within Facilit

Crosswalk Management System REPORT CROSSWALK TO STATE

End of Report